

**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815

T (916) 263-2300 F (916) 263-2140 | [www.dbc.ca.gov](http://www.dbc.ca.gov)



**APPLICATION FOR A  
CONSCIOUS SEDATION PERMIT**

**Non-Refundable FEE: \$200**

(Sections 1647 – 1647.9, 1682 Business  
and Professions Code; Title 16 California  
Code of Regulations Sections 1043 – 1043.8)

Receipt No. _____	ATS# _____
Fee Paid _____	Initials _____
Permit No. _____	
Issued _____	

Name \_\_\_\_\_

Address of Record  
Street and Number \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Should the address of record for your dental license be the same as the address above? \_\_\_\_

Address of Practice if  
different Street and Number \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

FAX Number (optional) \_\_\_\_\_

Email Address  
(optional) \_\_\_\_\_

Dental License Number \_\_\_\_\_

**QUALIFICATION**

Applicant must provide completed Form CS-2 to serve as documentation verifying completion of a course in the administration of conscious sedation that meets the following criteria:

1. Consists of at least 60 hours of instruction;
2. Requires satisfactory completion of at least 20 cases of administration of conscious sedation for a variety of dental procedures; and
3. Complies in all respects with the requirements of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry of the American Dental Association.

**FACILITIES AND EQUIPMENT REQUIREMENTS** – Are the following available and maintained in good operating condition in all places of practice where you administer conscious sedation?

1. An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient? ☐ Yes ☐ No

2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation? ☐ Yes ☐ No

3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of an operation underway at the time of general power failure? ☐ Yes ☐ No

4. Suction equipment, which permits aspiration of the oral and pharyngeal cavities, and a backup suction device that can operate at the time of general power failure? ☐ Yes ☐ No

5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of allowing the administering of greater than 90% oxygen at a 10 liter/minute flow at least 60 minutes (650 liter "E" cylinder) to the patient under positive pressure, together with adequate backup system that can operate at the time of general power failure? ☐ Yes ☐ No

6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? The recovery area can be the operating theater. ☐ Yes ☐ No

7. Ancillary equipment including all of the following

☐ Yes ☐ No

- (a) Emergency airway equipment (oral airways, laryngeal mask airways or combitubes, cricothyrotomy device).
- (b) Tonsillar or pharyngeal type section tips adaptable to all office outlets.
- (c) Sphygmomanometer and stethoscope
- (d) Adequate equipment for the establishment of an intravenous infusion.
- (e) Precordial/pretracheal stethoscope.
- (f) Pulse oximeter.

**RECORDS-** Do you maintain the following records? ☐ Yes ☐ No

1. Adequate medical history and physical evaluation records?

Must be updated prior to each administration of sedation and shall include but are not limited to the recording of the age, sex, weight, physical status (American Society of Anesthesiologists Classification), medication use, any known or suspected medically compromising conditions, rationale for sedation of the patient, and visual examination of the airway.

2. Sedation records that show:

☐ Yes ☐ No

- (a) A time-oriented record with preoperative, multiple interoperative, and postoperative pulse oximetry
- (b) Multiple blood pressure and pulse readings.
- (c) Drugs administered, amounts administered, and time administered.
- (d) Length of procedure.
- (e) Any complications of sedation.
- (f) Statement of patient's condition at time of discharge.

3. Written informed consent of the patient, or if the patient is a minor, the parent or guardian.

Yes No

☐ ☐

**DRUGS-** Do you maintain emergency drugs of the following types in your facility?  
☐ Yes ☐ No

1. Epinephrine	6. Anticholinergic
2. Vasopressor (other than epinephrine)	7. Coronary artery vasodilator
3. Bronchodilator	8. Anticonvulsant
4. Appropriate drug antagonists	9. Oxygen
5. Antihistaminic	10. 50% dextrose or other antihypoglycemic

**EMERGENCIES-** Are you competent to treat all of the following emergencies?  
☐ Yes ☐ No

1. Airway obstruction
2. Bronchospasm
3. Emesis and aspiration
4. Angina pectoris
5. Myocardial infarction
6. Hypotension
7. Hypertension
8. Cardiac arrest
9. Allergic reaction
10. Convulsions
11. Hypoglycemia
12. Syncope
13. Respiratory depression

**STAFF-** Are dental office personnel directly involved with the care of patients undergoing conscious sedation certified in basic cardiac life support (CPR)? ☐ Yes ☐ No

Provide the addresses of all locations of practice where you administer conscious sedation.  
 All offices shall meet the standards set forth in regulations adopted by the Board.

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IF NECESSARY, CONTINUE ON A SEPARATE PAGE

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**Certification** – I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and I hereby request a permit to administer or order the administration of conscious sedation in my office setting(s) as specified by the Dental Practice Act and regulations adopted by the Board. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking this permit.

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Signature of Applicant

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento CA. 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure.